



PTO/SB/51 (10-00)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION DECLARATION BY THE INVENTOR	Docket Number (Optional) 10B195.128
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As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,870,745, granted March 9, 1999, and for which a reissue patent is sought on the invention entitled Gastro-Laryngeal Mask.

The specification of which

is attached hereto.

was filed on _____ as reissue application number _____ /
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verify belief the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

by reason of a defective specification or drawing.

by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

One error upon which the reissue is based is the omission of claims to a laryngeal mask construction that includes (A) a generally elliptical inflatable ring defining a distal end, the ring being adapted for sealed engagement to a laryngeal inlet of a patient; (B) a backing plate defining an air inlet, the backing plate being sealed to the ring, the backing plate establishing a laryngeal-chamber side and a pharyngeal-chamber side of the construction; (C) an inflatable back cushion disposed on the pharyngeal-chamber side, the back cushion when inflated contacting a pharyngeal wall of the patient and biasing the ring away from the pharyngeal wall; (D) a tubular conduit defining a distal end, the distal end of the tubular conduit being disposed near the distal end of the ring for communication with an esophageal inlet of the patient, a first portion of the conduit being adhered to a portion of the back cushion, a second portion of the conduit being adhered to a portion of the backing plate; and (E) one or more stiffening ribs, the ribs being disposed on a third portion of the tubular conduit, the third portion of the tubular conduit being disposed between the first and second portions of the tubular conduit.

[Page 1 of 2]

Duration Estimate: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/51 (10-00)

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
108195-128

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s) _____ Registration Number _____

Richard A. Goldenberg	38 895
Nancy Chiu	43 545

Correspondence Address: Direct all communications about the application to:

 Customer Number _____Type Customer Number here → Print Customer Number Bar
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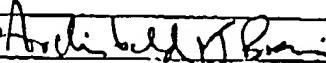
23483

<input type="checkbox"/> Firm or Individual Name	PATENT TRADEMARK OFFICE		
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Archibald I.J. Brain

Inventor's signature 

Date

6th March 2001

Residence United Kingdom

Citizenship United Kingdom

Mailing Address Sanford House, Fan Court Gardens, Longcross Rd., Chorley, Surrey KT16 0DJ, United Kingdom

Full name of second joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Mailing Address

Full name of third joint Inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Mailing Address

 Additional joint inventors are named on separately numbered sheets attached hereto.



PTO/SB/63 (10-00)

Approved for use through 12/31/2003. GMB 0851-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 108195.128																							
<p>This is part of the application for a reissue patent based on the original patent identified below.</p> <table border="1"> <tr> <td>Name of Patentee(s) Archibald I.J. Brain</td> </tr> <tr> <td>Patent Number 5,070,745</td> <td>Date Patent Issued March 9, 1999</td> </tr> <tr> <td colspan="2">Title of Invention Gastro-Laryngeal Mask</td> </tr> <tr> <td colspan="3"> <p>1. <input type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/80)</p> <p>2. <input checked="" type="checkbox"/> Ownership of the patent is in the Inventor(s), and no assignment of the patent is in effect.</p> </td> </tr> <tr> <td colspan="3"> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee". The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p> </td> </tr> <tr> <td colspan="3"> <p>The assignee(s) owning an undivided interest in said original patent is/are _____ and the assignee(s) consents to the accompanying application for reissue.</p> </td> </tr> <tr> <td colspan="3"> <p>Name of assignee/inventor (if not assigned) Archibald I.J. Brain</p> </td> </tr> <tr> <td colspan="2">Signature <u>Archibald I.J. Brain</u></td> <td>Date <u>6+ March 2001</u></td> </tr> <tr> <td colspan="3"> <p>Typed or printed name and title of person signing for assignee (if assigned)</p> </td> </tr> </table>			Name of Patentee(s) Archibald I.J. Brain	Patent Number 5,070,745	Date Patent Issued March 9, 1999	Title of Invention Gastro-Laryngeal Mask		<p>1. <input type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/80)</p> <p>2. <input checked="" type="checkbox"/> Ownership of the patent is in the Inventor(s), and no assignment of the patent is in effect.</p>			<p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee". The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>			<p>The assignee(s) owning an undivided interest in said original patent is/are _____ and the assignee(s) consents to the accompanying application for reissue.</p>			<p>Name of assignee/inventor (if not assigned) Archibald I.J. Brain</p>			Signature <u>Archibald I.J. Brain</u>		Date <u>6+ March 2001</u>	<p>Typed or printed name and title of person signing for assignee (if assigned)</p>		
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<p>Typed or printed name and title of person signing for assignee (if assigned)</p>																									

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on 20251. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



OFFER TO SURRENDER ORIGINAL PATENT
(Attorney Docket No: 108195-128)

As the below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original and only inventor of the subject matter which is described and claimed in U.S. Patent No. 5,878,745, entitled GASTRO-LARYNGEAL MASK, which issued March 9, 1999. U.S. Patent No. 5,878,745 matured from U.S. patent application serial number 08/921,169 filed August 29, 1997 (which is a Rule 60 continuation of U.S. patent application serial number 08/609,521 filed March 1, 1996).

I hereby state that there is no assignee for U.S. Patent No. 5,878,745.

I am herewith seeking a reissue of U.S. Patent No. 5,878,745. Pursuant to the provisions of 37 C.F.R. § 1.78(a), I hereby offer to surrender the original U.S. Patent No. 5,878,745.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole inventor: Archibald I. J. Brain

Inventor's signature Archibald I. J. Brain Date 6th March 2001
Residence: Sanford House, Fan Court Gardens, Longcross Road, Chertsey, Surrey
KT16 0DJ, United Kingdom
Citizenship: Citizen of the United Kingdom
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